## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10044072

|  |                                  | CLAIMS AS                                 |               |              |                                 | SMALL ENTITY TYPE |       | OR                  | OTHER<br>SMALL         |         |                     |                         |
|--|----------------------------------|---|---------------|--------------|---------------------------------|-------------------|-------|---------------------|------------------------|---------|---------------------|-------------------------|
| TOTAL CLAIMS   |                                  |   | 15            |              |                                 |                   | ſ     | RATE                | FEE                    |         | RATE                | FEE                     |
| FOR  |                                  |   | NUMBER FILED  |              | NUMBI                           | ER EXTRA          | İ     | BASIC FEE           | 370.00                 | OR      | BASIC FEE           | 740.00                  |
| TO   | TAL CHARGEA                      | BLE CLAIMS                                | / minus 20=   |              | * —                             |                   |       | X\$ 9=              | s                      | OR      | X\$18=              |                         |
| INDEPENDENT CLAIMS   |                                  |   | /5- minus 3 = |              | * 12                            |                   | ı     | X42=                | 504                    | OR      | X84=                |                         |
| MULTIPLE DEPENDENT CLAIM PRESENT   |                                  |   |               |              |                                 |                   |       | +140=               | B                      | OR      | +280=               |                         |
| * If the difference in column 1 is less than zero, enter   |                                  |   |               |              | r "0" in c                      | olumn 2           | ı     | TOTAL               | 874                    | OR      | TOTAL               |                         |
| CLAIMS AS AMENDED - (Column 1)   |                                  |   |               |              | R <b>T II</b><br>mn 2)          | (Column 3)        |       | SMALL               | ENTITY                 | OR      | OTHER<br>SMALL      |                         |
| AMENDMENT A  |                                  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA  |       | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE  |
|  | Total                            | *   | Minus         | **           |                                 | =                 |       | X\$ 9=              |                        | OR      | X\$18=              |                         |
|  | Independent                      | *   | Minus         | ***          | T OL AIL                        | -                 |       | X42=                |                        | OR      | X84=                |                         |
| L  | FIRST PRESE                      | NTATION OF M                              | ULTIPLE DEF   | PENDEN       | I CLAIM                         |                   |       | +140=               |                        | OR      | +280=               |                         |
|  |                                  |   |               |              |                                 |                   |       | TOTAL<br>ADDIT. FEE |                        | ΔD      | TOTAL<br>ADDIT. FEE |                         |
|  | (Column 1) (Column 2) (Column 3) |   |               |              |                                 |                   |       | ADDII. FEE I        |                        | •       | ADDII. I EE         |                         |
| AMENDMENT B  |                                  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | NUM<br>PREV  | HEST<br>MBER<br>IOUSLY<br>DFOR  | PRESENT<br>EXTRA  |       | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE  |
|  | Total                            | *   | Minus         | **           |                                 | =                 |       | X\$ 9=              |                        | OR      | X\$18=              |                         |
|  | Independent                      | * NTATION OF M                            | Minus         | ***          | T CL AIM                        | -                 |       | X42=                |                        | OR      | X84=                |                         |
| <b> </b>   | FINOT PRESE                      | INTATION OF M                             | OLTIPLE DEF   | ·            | T CLAIIVI                       |                   |       | +140=               |                        | OR      | +280=               |                         |
|  |                                  |   |               |              |                                 |                   |       | TOTAL<br>ADDIT. FEE |                        | OR      | TOTAL<br>ADDIT. FEE |                         |
| (Column 1) (Column 2) (  |                                  |   |               |              |                                 |                   | •     |                     |                        |         |                     |                         |
| AMENDMENT C  | ·                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | NUM<br>PREV  | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA  |       | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE: |
|  | Total                            | *   | Minus         | **           |                                 | =                 |       | X\$ 9=              |                        | OR      | X\$18=              |                         |
|  | Indépendent                      | *   | Minus         | ***          |                                 | =                 | [     | X42=                |                        | OR      | X84=                |                         |
| F  | FIRST PRESE                      | NTATION OF M                              | IULTIPLE DE   | PENDEN       | IT CLAIN                        | <u> </u>          |       | +140=               |                        | OR      | +280=               |                         |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |                                  |   |               |              |                                 |                   |       |                     |                        | OR      | TOTAL<br>ADDIT. FEE |                         |
| l ·  |                                  | nber Previously Pa                        |               |              |                                 |                   | er fo | und in the ap       | propriate bo           | x in co | olumn 1.            |                         |

## NOTICE OF FEE DUE

| DATE: 1/17/02  |   |  |  |  |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|--|--|--|
| TO:  |   |  |  |  |  |  |  |  |  |  |  |  |
| FROM: Office of Initial Patent Examination   |   |  |  |  |  |  |  |  |  |  |  |  |
| SUBJECT: Fee Due   |   |  |  |  |  |  |  |  |  |  |  |  |
| APPLICATION NUMBER: 10044672   |   |  |  |  |  |  |  |  |  |  |  |  |
| A fee is due for the attached document submitted to the U. S. Patent and Trademark Office for the following reason. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee. If an authorization is not present, notify the applicant of the fee deficiency. |   |  |  |  |  |  |  |  |  |  |  |  |
| Insufficient fee by check  |   |  |  |  |  |  |  |  |  |  |  |  |
| ☐ Insufficient funds in deposit account  |   |  |  |  |  |  |  |  |  |  |  |  |
| □ Declined credit card   |   |  |  |  |  |  |  |  |  |  |  |  |
| ☐ Non authorization for charge to deposit account  |   |  |  |  |  |  |  |  |  |  |  |  |
| □ No fee submitted per requirement **  |   |  |  |  |  |  |  |  |  |  |  |  |
| <b>,</b>   |   |  |  |  |  |  |  |  |  |  |  |  |
| The correct fee code: amount \$  |   |  |  |  |  |  |  |  |  |  |  |  |
| The suspended fee code: 197 amount - \$  | _ |  |  |  |  |  |  |  |  |  |  |  |
| Fee Due amount =\$   | _ |  |  |  |  |  |  |  |  |  |  |  |
| If you have any questions, please contact Cynthia Streater at 703-306-5430 or Eleanor Kurtz at 703-308-3642.   |   |  |  |  |  |  |  |  |  |  |  |  |
| Terminal Operator 1 Gedama   |   |  |  |  |  |  |  |  |  |  |  |  |